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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Rwanda

Proposed UNFPA assistance:	$5.0 million, $4.2 million from regular resources and $800,000 from multi-bilateral and/or other, including regular, resources
Programme period:	3 years (1998-2000)
Cycle of assistance:	Fourth
Category per decision 96/15:	A

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	*Total*
Reproductive health	3.2	0.8	4.0
Population & development strategies	0.6	-	0.6
Advocacy	0.1	-	0.1
Programme coordination & assistance	0.3	-	0.3
Total	4.2	0.8	5.0

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RWANDA

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%)[1]	22.0	≥60
Contraceptive prevalence rate (15-44) (%)[2]	21.0	≥55
Access to basic health services (%)[3]	80.0	≥60
Infant mortality rate (/1000)[4]	110	≤50
Maternal mortality rate (/100,000)[5]	210	≤100
Gross female enrolment rate at primary level (%)[6]	62.3	≥75
Adult female literacy rate(%)[7]	44.0	≥50

*** AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.**

[1] *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*
[2] *United Nations Population Division, World Contraceptive Use 1994, ST/ESA/SER.A/143. Data cover the period 1986-1993.*
[3] *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*
[4] *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*
[5] *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*
[6] *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*
[7] *UNESCO, 1996, Education for All: Achieving the Goal: Statistical Document. Two dashes (--) indicate that data are not available.*

Demographic Facts

Population (000) in 1995	5,184
Population in year 2000 (000)	7,674
Sex ratio (/100 females)	97.3
Per cent urban	6
Age distribution (%)	
Ages 0-14	46.7
Youth (15-24)	20.5
Ages 60+	3.8
Percentage of women aged 15-49	45.1
Median age (years)	16.5
Population density (/sq. km.)	197
Annual population growth rate (%)	7.85
Urban	9.50
Rural	7.74
Crude birth rate (/1000)	42.8
Crude death rate (/1000)	19.7
Net migration rate (/1000)	54.4
Total fertility rate (/woman)	6.00
Life expectancy at birth (years)	
Males	40.8
Females	43.4
Both sexes	42.1
GNP per capita (U.S. dollars, 1994)	210

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, World Population Prospects: the 1996 Revision; Annual population growth, including urban and rural data are from DESIPA, World Urbanization Prospects: the 1996 Revision. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the three-year period 1998-2000 to assist the Government of Rwanda in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of $5.0 million, of which $4.2 million would be programmed from UNFPA regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $800,000 from multi-bilateral resources and/or other resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This would be UNFPA's fourth programme of assistance to Rwanda.

2. The proposed programme takes into account the lessons learned from UNFPA's past programmes, the current political situation and the recommendations of the 1997 Programme Review and Strategy Development (PRSD) process. The PRSD was carried out with the complete participation of the Government and with the assistance of the UNFPA Country Support Team in Addis Ababa, Ethiopia, and it also benefited from collaboration with other national and international development partners. The programme will provide assistance for the Government's efforts to reconstruct the political and socio-economic framework of the country following the devastating effects of internal disruption and violence in 1994. The UNFPA programme will complement inputs from other donors, and its cycle is harmonized with those of UNDP and UNICEF. This is an interim three-year programme designed to lay the foundation for a future comprehensive population programme. Rwanda is defined by UNFPA as an "A" category country.

3. The proposed programme will contribute to the Government's overall goals of improving the health and well-being of the Rwandan population through the relaunching of population policies and programmes. The purposes of the programme are: (a) to increase the use of reproductive health services by improving the quality and accessibility of such services, especially in five focal prefectures (out of 12), which include about 40 per cent of the population; (b) to rebuild and update the socio-demographic database at the local level for use in planning and monitoring population and development policies and as a tool to reinforce the awareness and commitment of policy and decision makers to population and development issues; and to foster gender equality and equity, especially in the legal system. Eighty per cent of the funds will be allocated for reproductive health activities, with a focus on the five prefectures. Data collection and analysis for updating of population policies will be implemented country-wide.

4. All activities under the proposed programme, as in all UNFPA-assisted activities, will be undertaken in accordance with the principles and objectives of the Programme of Action of the 1994 International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5. Rwanda faces a number of economic and population problems common to many countries in sub-Saharan Africa. These problems are generally more extreme in Rwanda. Population problems were further compounded by the 1994 civil war, which resulted in the deaths of up to one million people. In addition, about half of the estimated pre-crisis population was displaced. The nature of the war had as a primary effect the destruction of families and the social fabric. It caused severe trauma for the population, particularly among women and children, especially girls. In addition, sexual promiscuity among displaced persons, rape and prostitution have exacerbated the level of HIV infection, which has now reached alarming proportions.

6. Currently available United Nations statistics tend to downplay the gravity of the Rwandan situation because they do not fully take into account the recent years of turmoil. According to the 1996 socio-demographic survey, the population is estimated at 7.4 million and is projected to reach 12.0 million in 2012, with a growth rate of 3.1 per cent. The total fertility rate was 8.3 in 1996 compared to 6.2 in 1992. The possible explanations for this upsurge in fertility are that it reflects the desires for "replacement" following the deaths of so many Rwandans as well as the sharp drop in access to quality reproductive health services. The country's population density is among the highest in the world: estimated at almost 200 per square kilometre and at 400 per square kilometre of arable land. Forty-seven per cent of the population is under 15 years of age. One of the direct consequences of the death toll from the war is the feminization of the Rwandan population. The results of the socio-demographic survey suggest that for every 100 females there are now only 87 males. The imbalance is most striking in the 25-29 age bracket where the ratio of males to females is about 2:3.

7. The maternal mortality rate, now estimated at 800 per 100,000 live births, and the infant mortality rate of 120 per 1,000 live births are very high. The contraceptive prevalence rate was around 20 per cent in 1993, but it is estimated at present to be 4.5 per cent. Only about 20 per cent of deliveries occur with the assistance of trained personnel, and equipment for obstetric emergencies is lacking in many health centres. Rwanda was one of the first countries in Africa to be affected by the HIV/AIDS epidemic, with documented cases existing since the early 1980s. Data from 1996 show that 20-25 per cent of the adult urban population is infected, comparable to the pre-war level. In rural areas, however, the same data show infection rates varying from 4 per cent to 15 per cent, a sharp increase compared to the overall pre-war level of 2-3 per cent. Most new HIV infections occur in young people. Meanwhile, the number of complications from abortions among young people reported in urban hospitals is increasing. The need for adolescent reproductive health initiatives is therefore urgent. During the war, nearly all the equipment in health facilities was looted or destroyed and health personnel were killed, displaced or took refuge in neighbouring countries. In 1997, over 90 per cent of the health facilities were once again operational, but to varying degrees.

Family planning services are in place but are hampered by lack of personnel and insufficient logistical support for the supply of contraceptives.

8. The formidable task now faced by Rwanda is rebuilding the fabric of society. With the assistance of the international community, the country is now moving on from the emergency situation to a rehabilitation and development phase. Most of the refugees, including a massive influx of refugees who returned in 1997, have been reabsorbed and resettled. However, the number of people who require some form of food aid and other support is still huge, representing 30 per cent of the population. Food security and the accelerating degradation of the environment are major concerns.

Achievements, constraints and lessons learned from past UNFPA assistance

9. Because of the 1994 events, the third country programme (1993-1997) was not implemented as foreseen. Following Executive Board decision 94/25, which encouraged UNFPA to support appropriate emergency assistance to the people of Rwanda using country programme resources, UNFPA resumed programme activities in August 1994. Working in close collaboration with other United Nations agencies and non-governmental organizations (NGOs), UNFPA was able to provide reproductive health services to Rwandan refugees in Burundi and in the United Republic of Tanzania. These experiences demonstrated UNFPA's capacity to intervene in a timely way in emergency situations. In Rwanda, UNFPA support during the emergency and rehabilitation phase contributed to rebuilding the Ministry of Health by training 273 health staff in the provision of maternal and child health and family planning (MCH/FP) services and in the prevention of sexually transmitted diseases (STDs), including HIV/AIDS. Didactic material was produced for the country's school for midwives, and contraceptives were provided at the national level. The assistance was also used to provide some medical equipment for nine district hospitals and 68 health centres. In addition, technical assistance was provided to update data on population movements. This assistance ultimately led to the organization of the 1997 socio-demographic survey, which has provided basic population parameters (distribution, age, health and living standards) for the planning and programming of rehabilitation and development activities. Total expenditures under the third country programme amounted to $4.2 million.

10. Three major lessons have been learned from the implementation of previous assistance particularly in view of the highly complex nature of the situation in Rwanda: (a) the approach must be flexible; (b) external assistance must be highly coordinated so as to ensure close cooperation and to avoid duplication and overlap; and (c) the current favourable climate for South-South cooperation, both regional and subregional, can enhance the impact of UNFPA's assistance.

Other external assistance

11. The Government of Rwanda receives a considerable amount of technical and financial assistance from multi- and bilateral donors for the support of its rehabilitation programme, and there are numerous donor agencies and NGOs operating in the country. Several are working in the field of population. The World Bank supports a health and population project that aims at strengthening the health system, including the management of medical supplies and contraceptives. The United States Agency for International Development (USAID) supports the national AIDS programme, the social marketing of condoms and the prevention of STDs, including HIV/AIDS, in one health region. UNICEF will provide support for activities towards the improvement of children's health and for the Safe Motherhood Initiative in five health districts during its next programme cycle. UNICEF is also supporting the revision of the family code. Germany supports the health system in the region of Butare. UNHCR supports rehabilitation and construction of health centres and hospitals as well as legal assistance and income-generating activities for women. Italy supports a project aimed at addressing the reproductive health problems of women who are victims of mental and physical violence. UNDP is contributing to the promotion of women through the institutional strengthening of the Ministry of Gender, Family and Social Affairs by helping to revise legislation, including land-tenure legislation, that discriminates against women and by supporting income-generating activities.

Proposed programme

12. The purposes of the proposed programme, as outlined in paragraph 3 above, will be addressed through three subprogrammes in reproductive health, population and development strategies, and advocacy, respectively.

13. Reproductive health. Until now, UNFPA's strategic focus has been on meeting the basic reproductive health needs of women. This focus continues to be relevant during the ongoing process of rehabilitation. Therefore, 80 per cent of the resources of the interim programme are earmarked to improve the quality of and access to reproductive health services. Programme interventions in the areas of maternal and child health and prevention of STDs, including HIV/AIDS, will be coordinated with those of the World Bank, UNICEF, Germany and Italy. Given the high level of unprotected sexual relations among adolescents, which results in a large number of new HIV infections and pregnancies, UNFPA would take the lead in the development of an adolescent reproductive health programme.

14. The purpose of the subprogramme is to increase the use of reproductive health services. The number of births assisted by trained personnel is expected to increase from 20 per cent to 30 per cent and the contraceptive prevalence rate for modern contraception to rise from 4.5 per cent to 8.0 per

cent. The programme will focus on 5 selected prefectures (out of 12), which represent 40 per cent of the total population, supported by some key interventions at the central level.

15. At the central level, the subprogramme will strengthen the capacity of the Ministry of Health to plan and coordinate reproductive health services by providing assistance for the preparation of guidelines, training curricula and materials that are gender-sensitive and for the development of a management, logistics and information system for contraceptives. Contraceptives will be provided nationwide. In the five selected prefectures, UNFPA will assist in the rehabilitation and refurbishing of 85 health centres and 14 hospitals in collaboration with other donors, especially the World Bank. The technical skills of health-care staff will be improved, including training in reproductive health counseling. Furthermore, community-based distribution of contraceptives will be tested on a pilot basis in new resettlement areas where there are no health centres. Operational research will be conducted in support of the community-based distribution scheme, safe motherhood and the prevention of STDs, including HIV/AIDS. The subprogramme will also provide support for NGOs involved in reproductive health.

16. To address the needs of adolescents the subprogramme will develop pilot peer-sensitization activities to promote responsible reproductive health behaviour among adolescents in the urban areas of the five prefectures. Family life education training sessions for youth leaders will be organized periodically. Information and education campaigns to sensitize leaders, programme managers, service providers and parents on adolescent reproductive health needs will also be organized.

17. Population and development strategies. There is a need to rebuild and update the country's socio-economic database at the local level. The data will be used in the preparation of policies and planning for the economic and social rehabilitation of the country. It is also proposed to support the revision of the National Population Policy adopted in 1991, which focuses mostly on demographic targets. The 1997 socio-demographic survey will be refined by the collection of more data from local levels, especially with regard to the data related to health, education and food security. In all cases, the subprogramme will work to ensure that the gender perspective is taken into account in data collection and analysis and in programme planning activities.

18. The major strategy for updating the population database at the local level will be to reinforce the statistical services in all 12 prefectures in the country. Staff will be trained in the collection and analysis of data. The production, collection and dissemination of socio-economic statistics will be disaggregated by sex. Some of the statistics that will be emphasized include those to assess the effect of demographic movements on the health and educational sectors as well as the data required for understanding the relationships between land availability and food production and the consequences of the demographic pressure on agriculture and on the environment. The

dissemination of socio-economic statistics will mainly be done through seminars and publications that target decision makers and planners.

19. The revision of the population policy and the elaboration of relevant plans of action will require sociocultural research to take account of the post-war situation. The subprogramme will support efforts to reinforce the technical capacity of the National Population Office (ONAPO). It will also provide support for ONAPO activities to promote and disseminate the revised population policy and to create awareness of population issues among policy makers and opinion leaders, NGOs and women's associations. A population documentation centre will also be developed with UNFPA assistance.

20. Advocacy. The purpose of the advocacy subprogramme is to help the Government foster gender equality and equity. UNFPA will assist in enhancing the knowledge of decision makers, opinion leaders and programme managers on the interrelationships between gender, population and development. To that end, the subprogramme will support workshops, seminars and study tours and will help to develop information materials. Training in advocacy skills will be provided to programme managers and researchers. UNFPA will collaborate with other United Nations agencies in improving gender equality and equity in the legal system by strengthening the advocacy capacity of women's NGOs and women parliamentarians. Community and opinion leaders will be sensitized to issues concerning women's rights, including their reproductive rights, and the subprogramme will help to create awareness among women of their legal rights by the use of the mass media and direct communication techniques.

21. Implementation, coordination, monitoring and evaluation. The new programme will be mainly executed by national counterparts and NGOs. UNFPA will arrange for the necessary technical assistance for the implementation of the programme objectives by first making use of national expertise, which will be complemented by the UNFPA Country Support Team in Addis Ababa, Ethiopia, and international experts as required. The Ministry of Finance and Economic Planning is responsible for the overall coordination of international donor-supported programmes. The proposed country programme will be coordinated with other United Nations agencies through theme groups on health and population; education; and gender and women.

22. The monitoring of the activities developed as part of this programme will be implemented in compliance with current UNFPA procedures. All projects will have built-in mechanisms for evaluation and monitoring of their respective activities and will be subject to annual progress reports, including financial audits, and annual and final tripartite review and monitoring visits. Baseline data will be collected at the beginning of the programme to refine the design and facilitate coordination, control and evaluation of the programme. These data will contribute to the identification of specific quantitative and qualitative impact and process indicators. Under the leadership of the Ministry of

Finance and Economic Planning, all managers of UNFPA-funded projects will constitute the country programme senior management team and will meet biannually to review work plans, evaluate progress and make future plans. The team will be trained in management, monitoring and financial accounting of project implementation. The programme will be substantively monitored by staff of the UNFPA Country Support Team, UNFPA headquarters and other competent bodies. The programme will be evaluated late in the year 2000.

Recommendation

23. The Executive Director recommends that the Executive Board approve the programme of assistance to Rwanda as presented, in the amount of $5.0 million over the period 1998-2000, of which $4.2 million would be programmed from UNFPA's regular resources, to the extent such resources are available, and the balance of $800,000 would be sought from multi-bilateral resources and/or other resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.

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